Appl. No. 10/724,459
Amdt. dated April 19, 2007
Reply to Office action of January 19, 2007

REMARKS/ARGUMENTS

Applicant affirms his provisional election, made during a telephone conference with Examiner Araj on December 29, 2006, to prosecute the invention of Group III, claims 12-17. This election was made without traverse.

Claim 16 has been amended to overcome the examiners rejection under 35 U.S.C. § 101 by removing the positive recitation of a human, i.e. a patient. The claim now states that the system sensor is "adapted for connection to a patient".

Claim 12 is the only remaining independent claim and has been amended to more particularly point out and distinctly claim what applicant regards as his invention. Specifically, the controller is specified as automatically varying outputs in response to inputs, with the controller inputs being automatically adjusted corresponding to operating conditions associated with the implant. Claim 12 thus claims an interactive system with sensors providing inputs to a controller corresponding to conditions associated with the implant, and the controller outputs responding and adjusting automatically thereto. The system thus defines a feedback loop, with implant-associated operating conditions controlling the input to the controller, which in turn controls the output to the transducer.

Klapper U.S. 5,019,083 does not disclose, teach or suggest a system for such an interactive operation whereby the transducer is controlled by feedback from the operating conditions associated with the implant. The operation of the Klapper controller can only be adjusted manually. There are significant advantages to such an interactive, feedback-driven system configuration. In particular, the controller can thereby automatically respond as the implant loosens and becomes ready for extraction. This can be particularly important in implant revision operations because the energy input to the implant, and indirectly to the patient, can be harmful if excessive. Conversely, insufficient energy input will be ineffective in achieving the implant removal objective. The close interface (e.g. bone tissue ingrowth) between the patient and the implant mandates a relatively precise level of energy input in order to avoid harming the patient. Implant locations in many patients tend to be somewhat compromised whereby excessive force can be particularly injurious.

There is no teaching, suggestion or motivation in Klapper to provide such an interactive, feedback-driven controller-transducer-implant interconnection with an implant extraction or insertion system, such as that presently claimed.

Based on the foregoing, all of the claims are in condition for allowance and notice to this effect is respectfully requested. The examiner is invited to contact the undersigned by telephone if prosecution of this application can be expedited thereby.

Respectfully Submitted,

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